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Date of Deposit: December 19, 2003

Typed Name of Person Mailing Paper or Fee: Louisa B. Reid

Signature: Louisa B. Reid



**PATENT APPLICATION**

**DOCKET NO. 10991765-1**

**IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE**

**INVENTORS: Robert A. RUST et al. CONFIRMATION NO. 6310**

**SERIAL NO.: 09/678,210 GROUP ART UNIT: 2841**

**FILING DATE: September 26, 2000 EXAMINER: BUI, Hung S**

**TITLE: METHODS AND APPARATUS FOR REDUCING THE  
OPPORTUNITY FOR ACCIDENTAL REMOVAL OR INSERTION OF  
COMPONENTS**

**MAIL STOP NON FEE AMEDEMMENT  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ARLINGTON, VA 22313-1450**

**SIR OR MADAM:**

This Response is to the Office action dated November 12, 2003.

**Claim Summary:**

Claims originally present: 1-29.  
Claims previously canceled: 21-29.  
Claims previously amended: 9-11 and 16.  
Claims previously added: none.  
Claims hereby canceled: 9 and 10.  
Claims hereby amended: 11 and 13.  
Claims hereby being added: none.  
Claims remaining: 1-20.

(Continued on next page.)

S/N: 09/678,210  
Case 10991765-1  
Amendment "B"

IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Robert A. Rust

Confirmation No.: 6310

Application No.: 09/678,210

Examiner: BUI, Hung S.

Filing Date: 9/26/2000

Group Art Unit: 2841

Title: Methods and Apparatus for Reducing The Opportunity For Accidental Removal or Insertion of Components

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- (X) Response/Amendment ( ) Petition to extend time to respond  
( ) New fee as calculated below ( ) Supplemental Declaration  
(X) No additional fee (Address envelope to "Mail Stop Non-Fee Amendment")  
(X) Other: Return Receipt Postcard (fee \$           )

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	18	MINUS	29	= 0	X \$18	\$ 0
INDEP. CLAIMS	4	MINUS	5	= 0	X \$86	\$ 0
[ ] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$290	\$ 0
EXTENSION FEE	1ST MONTH \$110.00	2ND MONTH \$420.00	3RD MONTH \$950.00	4TH MONTH \$1480.00		\$ 0
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

Charge \$ 0 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

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Date of Deposit: 19-Dec-2003

Typed Name: Louisa B. Reid

Signature: *Louisa B. Reid*

Respectfully submitted,

Robert A. Rust

By *[Signature]*

John S. Reid

Attorney/Agent for Applicant(s)

Reg. No. 36,369

Date: 19-Dec-2003